

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 1 1944 318

State File No. 16741

Registration District No.

Primary Registration District No.

1002

Registrar's No.

4741

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4302 Nebraska  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT  
FULL NAME

Lena Schuler

3. (b) If veteran,

name war.....

3. (c) Social Security

No.....

4. Sex..... F 5. Color or race..... W 6. (a) Single, widowed, married.  
2 divorced Widow  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased..... May 14, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 0 6 ..hr. ....min.

9. Birthplace..... Lohman Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation..... At home

11. Industry or business.....

MOTHER FATHER { 12. Name..... William Rapp  
13. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Fredericka Albrecht  
15. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Jacob Albrecht  
(b) Address..... 4302 Nebraska

17. (a) Burial (b) Date thereof..... May 24, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... New St. Marcus Cem.

18. (a) Signature of funeral director..... W. Schumacher

(b) Address..... 3013 Meramec St.

19. (a) MAY 22 1944 (b) J. F. Bredest  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000  
(c) City or town..... St. Louis 17  
(If outside city or town limits, write "RURAL") 715  
(d) Street No..... 4302 Nebraska  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 20 1944  
year..... hour..... 10:20 minute..... P. M.

21. I hereby certify that I attended the deceased from..... Jan  
21, 1944, to..... May 20, 1944  
that I last saw him/her alive on..... May 16, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Diabetic Mal.  
Diabetic Coma

Due to.....

Due to..... Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... none

Of autopsy..... none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....

Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) Means of injury..... 0

23. Signature..... W. Salisbury (M. D. ....)

Address..... 3758 Lafayette Date signed..... 5/28/44

Duration

5  
years.  
8  
days

2  
yo  
PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.